Table 1: Header Record Description

Variable Description	_Field Position	Value Labels
Measurement Year	1-4	2005
Data File Type	5-6	AM = Adult Member
NCQA Healthcare Organization ID	7-10	Enter the Organization ID supplied for this plan by
•		NCQA for the organization name indicated below
Healthcare Organization Name	11-70	Enter organization name supplied by health plan (60
<u> </u>		characters)
Product Line	71	2 = Medicaid
Product	72	1 = HMO
		2 = POS
		4 = HMO/POS Combined
		$5 = Other^1$
		7 = Primary Care Case Management ²
		$8 = \text{Fee For Service}^3$
NCQA Submission ID	73-80	Enter the Submission ID supplied for this plan by
		NCQA
NCQA Special Purpose ID 1	81-88	NCQA will supply Special Purpose ID number if
		necessary
NCQA Special Purpose ID 2	89-96	NCQA will supply Special Purpose ID number if
		necessary
Vendor Organization Name	97-126	(30 characters)
Vendor Contact First Name	127-136	(10 characters)
Vendor Contact Last Name	137-166	(30 characters)
Vendor Contact Phone Number	167-178	XXX XXX-XXXX
Survey Methodology	179	1 = Standard HEDIS Mail-only methodology
		2 = Standard HEDIS Mixed methodology
		3 = Pre-approved alternative survey methodology
		(Mail-only methodology)
		4 = Pre-approved alternative survey methodology
		(Mixed methodology)
		5 = Pre-approved enhanced survey methodology (Mail-
		only methodology)
		6 = Pre-approved enhanced survey methodology (Mixed
		methodology)
		7 = Pre-approved Standard Internet Protocol
		Enhancement (Mail-only methodology)
		8 = Pre-approved Standard Internet Protocol
Comple Enema Circ	100 107	Enhancement (Mixed methodology) Total number of members included in the completeness.
Sample Frame Size	180-187	Total number of members included in the sample frame
		received from the health plan

¹ NCQA will process submissions coded with this value and will calculate results. However, results are not eligible for

reporting as *HEDIS*. ² NCQA will process submissions coded with this value and will calculate results. However, results are not eligible for

reporting as *HEDIS*.

³ NCQA will process submissions coded with this value and will calculate results. However, results are not eligible for reporting as HEDIS.

Variable Description	Field Position	Value Labels
Eligible Population Size	188-195	The total number of MCO members who meet the
		Eligible Population criteria for the measure (provided
		by MCO in sample frame data file)
Total enrollment as of the date the	196-204	The total number of MCO members enrolled in the
sample frame is generated ⁴		health plan (total number of covered lives) as of the date
		the sample frame is generated. The vendor obtains this
		variable from the health plan.
Did the MCO oversample?	205	1 = Yes, the MCO oversampled in order to eliminate
Oversampling rationale.		disenrollees at a later date
		2 = Yes, the MCO oversampled in order to achieve a
		higher number of complete surveys
		3 = Yes, the MCO oversampled to eliminate disenrollees
		AND to achieve a higher number of complete
		surveys
		4 = No, the MCO did not oversample
Oversampling Rate	206-208	005, 010, 015, 020, 025, or 030 (code as 000 if MCO
-		did not oversample)
		Oversampling rates larger than 30% must be pre-
		approved by NCQA and must be in increments of
		5%.
Final Sample Size	209-212	Enter the Final Sample Size (FSS). For MCOs that do
-		not oversample the FSS is generally equal to the
		Required Sample Size (RSS). For MCOs that
		oversample the FSS is generally equal to the RSS +
		Oversample. NCQA provides a list of valid FSSs in
		HEDIS Volume 3. Vendors may only deviate from the
		valid FSSs if an MCO does not have enough eligible
		members to use a valid FSS.
Final Sample Size Discrepancy Flag	213	1 = FSS is a valid FSS as described in HEDIS Volume
		3.
		2 = FSS is not a valid FSS. The MCO did not have
		enough eligible members to use a valid FSS.
		3 = FSS is not a valid FSS. The submission is a
		combined submission. The vendor generated the
		combined submission from two or more sets of
		HEDIS survey results collected by the MCO.
Total Response Rate	214-221	Num(8.6) (x.xxxxxx; 8 spaces total, 6 decimal places)
		<u>Definition</u> : Response Rate = Completed Interviews /
		(Entire Random Sample – Ineligibles)
		Formula: Response Rate = $(M10 + T10 + I10) / (Final)$
		Sample Size $-(M20 + T20 + M21 + T21 + I21 +$
		M22 + T22 + M24 + T24)
Is the MCO submitting results for the	222	1 = Yes
Medical Assistance with Smoking		2 = No
Cessation measure?		
	222 224	T 11
Number of Supplemental Questions	223-224	Indicate number of questions added, zero fill if less than

⁴ This variable is not required for NCQA submissions.

CAHPS® 3.0H Adult Medicaid Member-Level Data File Layout

Variable Description	Field Position	Value Labels
Vendor Special Purpose ID 1	225-232	Vendors may use this field for their own purpose
Vendor Special Purpose ID 2	233-240	Vendors may use this field for their own purpose

Table 2: Member-Level Record Description

Variable Description	Field Position	Value Labels	CAHPS Composite /Case Mix
Record ID	1-4	Unique record ID	
Disposition of Survey	5-7	M10, T10 or I10 = complete and valid survey	
		M20 or T20 = ineligible: deceased	
		M21, T21 or I21 = ineligible: does not meet <i>Eligible</i>	
		Population criteria	
		M22 or T22 = ineligible: language barrier	
		M23 = non-response: bad address	
		T23 = non-response: bad address AND non-	
		working/unlisted phone number or member is	
		unknown at the dialed phone number	
		M24 or T24 = ineligible: mentally or physically incapacitated	
		M31, T31 or I31 = non-response: break-off	
		(member provided some responses but the	
		survey does not meet criteria for "complete")	
		M32 or T32 = non-response: refusal	
		M33 or T33 = non-response: after maximum	
		attempts	
		Where: $M = mail$; $T = telephone$; $I = Internet$	
Survey Round	8-9	M1 = first mailing	
		M2 = second mailing	
		M3 = third mailing	
		M4 = fourth mailing	
		T1 = first telephone attempt T2 = second telephone attempt	
		T3 = third telephone attempt	
		MT = partially completed by mail and converted to	
		complete by telephone	
		I1 = completed via Internet	
		IT = partially completed via Internet and	
		converted to complete by telephone	
		NC = not completed (use for members with	
		disposition codes NOT equal to M10, T10 or	
		I10)	
Survey Language	10	1 = English	
		2 = Spanish	
		3 = Not applicable (use for members with	
		disposition codes NOT equal to M10, T10, I10,	
		M31, T31, or I31)	

			Composite /Case Mix
Member Gender	11	1 = Male	
		2 = Female	
		9 = Missing	
Member Year of Birth ⁵	12-15	yyyy = Year of Birth	
		9999 = Missing	
City of Member ⁶	16-45	(30 characters)	
State of Member	46-47	Two character state abbreviation (e.g., AL)	
9-digit Zip Code ⁷	48-56	9 digits (no hyphen)	
Did the MCO provide an address for	57	1 = Yes	
this member in the sample frame?		2 = No	
Did the MCO provide a phone number	58	1 = Yes	
for this member in the sample frame?		2 = No	
		(For blank or non-dialable numbers, code 2)	
1. Our records show that you are now	59	1 = Yes	
in {Health Plan Name/State		2 = No	
Medicaid Program Name \}. Is that		8 = Multiple mark	
right?		9 = Missing	
3. How many months or years in a row	60	1 = Less than 6 months	
have you been in this health plan?		2 = At least 6 months but less than 1 year	
		3 = At least 1 year but less than 2 years	
		4 = At least 2 years but less than 5 years	
		5 = 5 or more years	
		8 = Multiple mark	
4 4 11		9 = Missing	
4. A <u>personal doctor or nurse</u> is the	61	1 = Yes	
health provider who knows you		2 = No	
best. This can be a general doctor, a		8 = Multiple mark	
specialist doctor, a nurse		9 = Missing	
practitioner, or a physician assistant			
Do you have one person you think of as your personal doctor or nurse?			
of as your personal doctor or nurse?			

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⁵ The survey vendor must include this variable in the submission. However, effective with HEDIS 2005, this variable will be stripped from the validated member-level data file that is returned to the survey vendor and MCO.

⁶ The survey vendor must include this variable in the submission. However, effective with HEDIS 2005, this variable will be stripped from the validated member-level data file that is returned to the survey vendor and MCO.

⁷ This variable is not required for NCQA submissions. The vendor may include this variable in the submission and it will be stripped from the validated member-level data file that is returned to the survey vendor and MCO.

Va	ariable Description	Field Position	Value Labels	CAHPS Composite /Case Mix
5.	Using any number from 0 to 10, where 0 is the worst personal doctor or nurse possible and 10 is the best personal doctor or nurse possible, what number would you use to rate your personal doctor or nurse?	62-63	00 = 0 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5 06 = 6 07 = 7 08 = 8 09 = 9 10 = 10 77 = Appropriately skipped 88 = Multiple mark 99 = Missing	Doctor Rating Item
6.	Did you have the same personal doctor or nurse <u>before</u> you joined this health plan?	64	 1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing 	
7.	Since you joined your health plan, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?	65	 1 = A big problem 2 = A small problem 3 = Not a problem 7 = Appropriately skipped 8 = Multiple mark 9 = Missing 	Getting Needed Care Composite Item
8.	Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care. In the last 6 months, did you or a doctor think you needed to see a specialist?	66	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	
9.	In the last 6 months, how much of a problem, if any, was it to see a specialist that you needed to see?	67	 1 = A big problem 2 = A small problem 3 = Not a problem 7 = Appropriately skipped 8 = Multiple mark 9 = Missing 	Getting Needed Care Composite Item
10.	. In the last 6 months, did you see a specialist?	68	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	

Variable Description	Field Position	Value Labels	CAHPS Composite /Case Mix
11. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?	69-70	00 = 0 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5 06 = 6 07 = 7 08 = 8 09 = 9 10 = 10 77 = Appropriately skipped 88 = Multiple mark 99 = Missing	Specialist Rating Item
12. In the last 6 months, was the specialist you saw most often the same doctor as your personal doctor?	71	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	
13. In the last 6 months, did you call a doctor's office or clinic <u>during</u> regular office hours to get help or advice <u>for yourself</u> ?	72	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	
14. In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed?	73	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Getting Care Quickly Composite Item
15. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?	74	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	
16. In the last 6 months, when you needed care right away for an illness, injury, or condition, how often did you get care as soon as you wanted?	75	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Getting Care Quickly Composite Item

Variable Description	Field Position	Value Labels	CAHPS Composite /Case Mix
HEDIS 1 17. In the last 6 months, when you needed care right away for an illness, injury, or condition, how long did you usually have to wait between trying to get care and actually seeing a provider?	76-77	01 = Same day 02 = 1 day 03 = 2 days 04 = 3 days 05 = 4-7 days 06 = 8-14 days 07 = 15 days or longer 77 = Appropriately skipped 88 = Multiple mark 99 = Missing Enter blank or space if question not asked	
18. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care. In the last 6 months, not counting the times you needed health care right away, did you make any appointments with a doctor or other health provider for health care?	78	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	
19. In the last 6 months, not counting the times you needed health care right away, how often did you get an appointment for health care as soon as you wanted?	79	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Getting Care Quickly Composite Item
HEDIS 2 20. In the last 6 months, not counting the times you needed health care right away, how many days did you usually have to wait between making an appointment and actually seeing a provider?	80-81	01 = Same day 02 = 1 day 03 = 2-3 days 04 = 4-7 days 05 = 8-14 days 06 = 15-30 days 07 = 31 days or longer 77 = Appropriately skipped 88 = Multiple mark 99 = Missing Enter blank or space if question not asked	

Variable Description	Field Position	Value Labels	CAHPS Composite /Case Mix
21. In the last 6 months, how many times did you go to an emergency room to get care for yourself?	82	0 = None 1 = 1 2 = 2 3 = 3 4 = 4 5 = 5 to 9 6 = 10 or more 8 = Multiple mark 9 = Missing	7 Gued IIIIX
22. In the last 6 months (not counting the times you went to an emergency room), how many times did you go to a doctor's office or clinic to get care for yourself?	83	0 = None 1 = 1 2 = 2 3 = 3 4 = 4 5 = 5 to 9 6 = 10 or more 8 = Multiple mark 9 = Missing	
23. In the last 6 months, did you or a doctor believe you needed any care, tests, or treatment?	84	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	
24. In the last 6 months, how much of a problem, if any, was it to get the care, tests, or treatment you or a doctor believed necessary?	85	1 = A big problem 2 = A small problem 3 = Not a problem 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Getting Needed Care Composite Item
25. In the last 6 months, did you need approval from your health plan for any care, tests, or treatment?	86	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	
26. In the last 6 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?	87	1 = A big problem 2 = A small problem 3 = Not a problem 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Getting Needed Care Composite Item
27. In the last 6 months, how often were you taken to the exam room within 15 minutes of your appointment?	88	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Getting Care Quickly Composite Item

CAHPS® 3.0H Adult Medicaid Member-Level Data File Layout

Variable Description	Field Position	Value Labels	CAHPS Composite /Case Mix
28. In the last 6 months, how often did office staff at a doctor's office or clinic treat you with <u>courtesy and respect</u> ?	89	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Courteous & Helpful Office Staff Composite Item
29. In the last 6 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?	90	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Courteous & Helpful Office Staff Composite Item
30. In the last 6 months, how often did doctors or other health providers listen carefully to you?	91	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Doctors Who Communicate Well Composite Item
31. In the last 6 months, how often did you have a hard time speaking with or understanding a doctor or other health providers because you spoke different languages?	92	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	
32. In the last 6 months, how often did doctors or other health providers explain things in a way you could understand?	93	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Doctors Who Communicate Well Composite Item
33. In the last 6 months, how often did doctors or other health providers show respect for what you had to say?	94	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Doctors Who Communicate Well Composite Item

Variable Description	Field Position	Value Labels	CAHPS Composite /Case Mix
34. In the last 6 months, how often did doctors or other health providers spend enough time with you?	95	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Doctors Who Communicate Well Composite Item
35. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?	96-97	00 = 0 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5 06 = 6 07 = 7 08 = 8 09 = 9 10 = 10 77 = Appropriately skipped 88 = Multiple mark 99 = Missing	Health Care Rating Item
36. An interpreter is someone who repeats or signs what one person says in a language used by another person. In the last 6 months, did you need an interpreter to help you speak with doctors or other health providers?	98	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	
37. In the last 6 months, when you needed an interpreter to help you speak with doctors or other health providers, how often did you get one?	99	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	
38. Some states pay health plans to care for people covered by {Medicaid/State Medicaid Program Name}. With these health plans, you may have to choose a doctor from the plan list or go to a clinic or health care center on the plan list. Are you covered by a health plan like this?	100	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	

Variable Description	Field Position	Value Labels	CAHPS Composite /Case Mix
39. Did you choose your health plan or were you told which plan you were in?	101	 1 = I chose my plan 2 = I was told which plan I was in 7 = Appropriately skipped 8 = Multiple mark 9 = Missing 	
40. You can get information about plan services in writing, by telephone, on the Internet, or in-person. Did you get any information about your health plan before you signed up for it?	102	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	
41. How much of the information you were given <u>before</u> you signed up for the plan was correct?	103	1 = All of it 2 = Most of it 3 = Some of it 4 = None of it 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	
42. In the last 6 months, did you look for any <u>information</u> about how your health plan works <u>in written</u> materials or on the Internet?	104	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	
43. In the last 6 months, how much of a problem, if any, was it to find or understand this information?	105	1 = A big problem 2 = A small problem 3 = Not a problem 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Customer Service Composite Item
44. In the last 6 months, did you call your health plan's <u>customer service</u> to get information or help?	106	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	
45. In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?	107	1 = A big problem 2 = A small problem 3 = Not a problem 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Customer Service Composite Item
HEDIS 7			
46. In the last 6 months, have you called or written your health plan with a complaint or problem?	108	1 = Yes 2 = No 8 = Multiple mark 9 = Missing Enter blank or space if question not asked	

Variable Description	Field Position	Value Labels	CAHPS Composite /Case Mix
HEDIS 8			
47. How long did it take for the health	109	1 = Same day	
plan to resolve your complaint?		2 = 2-7 days	
		3 = 8-14 days	
		4 = 15-21 days	
		5 = More than 21 days	
		6 = I am still waiting for it to be settled	
		7 = Appropriately skipped	
		8 = Multiple mark	
		9 = Missing	
HEDIS 9		Enter blank or space if question not asked	
48. Was your complaint or problem	110	1 = Yes	
settled to your satisfaction?	110	2 = No	
section to your satisfaction.		7 = Appropriately skipped	
		8 = Multiple mark	
		9 = Missing	
		Enter blank or space if question not asked	
HEDIS 10			
49. How long have you been waiting	111	1 = 1-7 days	
for your health plan to resolve your		2 = 8-14 days	
complaint?		3 = 15-21 days	
		4 = More than 21 days	
		7 = Appropriately skipped 8 = Multiple mark	
		9 = Missing	
		Enter blank or space if question not asked	
50. In the last 6 months, did you have to	112	1 = Yes	
fill out any paperwork for your		2 = No	
health plan?		8 = Multiple mark	
		9 = Missing	
51. In the last 6 months, how much of a	113	1 = A big problem	Customer
problem, if any, did you have with		2 = A small problem	Service Composite
paperwork for your health plan?		3 = Not a problem	Item
		7 = Appropriately skipped	
		8 = Multiple mark	
52 Using any number from 0 to 10	114 115	9 = Missing	Health Plan
52. Using <u>any number from 0 to 10</u> , where 0 is the worst health plan	114-115	00 = 0 $01 = 1$	Rating Item
possible and 10 is the best health		01 - 1 02 = 2	_
plan possible, what number would		03 = 2 03 = 3	
you use to rate your health plan?		04 = 4	
y and a second of the second o		05 = 5	
		06 = 6	
		07 = 7	
		08 = 8	
		09 = 9	
		10 = 10	

Variable Description	C: alal	Value Labala	CALIDO
Variable Description	Field Position	Value Labels	CAHPS Composite /Case Mix
		88 = Multiple mark 99 = Missing	
53. In general, how would you rate <u>your</u> overall health now?	116	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor 8 = Multiple mark 9 = Missing	Case Mix Item
NCQA dropped question effective HEDIS 2005. NCBD will accept but will not report this item.			
HEDIS 12 Have you ever smoked at least 100 cigarettes in your entire life?	117	1 = Yes 2 = No 3 = Don't know- 8 = Multiple mark 9 = Missing Enter blank or space if question not asked	
HEDIS 13 54. Do you now smoke cigarettes every day, some days, or not at all?	118	1 = Every day 2 = Some days 3 = Not at all 4 = Don't know 7 = Appropriately skipped 8 = Multiple mark 9 = Missing Enter blank or space if question not asked	
NCQA dropped question effective HEDIS 2005. NCBD will accept but will not report this item.			
HEDIS 14 How long has it been since you quit smoking cigarettes?	119	1 = 6 months or less 2 = More than 6 months 3 = Don't know 7 = Appropriately skipped 8 = Multiple mark 9 = Missing Enter blank or space if question not asked	
HEDIS 15 55. In the last 6 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?	120	0 = None 1 = 1 visit 2 = 2 to 4 visits 3 = 5 to 9 visits 4 = 10 or more visits 5 = I had no visits in the last 6 months 7 = Appropriately skipped	

Variable Description	Field Position	Value Labels	CAHPS Composite /Case Mix
		8 = Multiple mark 9 = Missing	
		Enter blank or space if question not asked	
HEDIS 16		1 71	
56. On how many visits was medication	121	0 = None	
recommended or discussed to assist		1 = 1 visit	
you with quitting smoking (for		2 = 2 to 4 visits	
example: nicotine gum, patch, nasal		3 = 5 to 9 visits	
spray, inhaler, prescription		4 = 10 or more visits	
medication)?		5 = I had no visits in the last 6 months	
		7 = Appropriately skipped	
		8 = Multiple mark	
		9 = Missing	
		Enter blank or space if question not asked	
HEDIS 17			
57. On how many visits did your doctor	122	0 = None	
or health provider recommend or		1 = 1 visit	
discuss methods and strategies		2 = 2 to 4 visits	
(other than medication) to assist you		3 = 5 to 9 visits	
with quitting smoking?		4 = 10 or more visits	
		5 = I had no visits in the last 6 months	
		7 = Appropriately skipped	
		8 = Multiple mark	
		9 = Missing	
70 WH	122	Enter blank or space if question not asked	Case Mix
58. What is your age now?	123	1 = 18 to 24	Item
		2 = 25 to 34	itom
		3 = 35 to 44	
		4 = 45 to 54	
		5 = 55 to 64	
		6 = 65 to 74	
		7 = 75 or older	
		8 = Multiple mark	
50. Are you male or female?	124	9 = Missing 1 = Male	Case Mix
59. Are you male or female?	124	2 = Female	Item
		8 = Multiple mark	
		9 = Missing	
60. What is the highest grade or level of	125	9 = Missing $1 = 8^{th}$ grade or less	Case Mix
school that you have <u>completed</u> ?	123	2 = Some high school, but did not graduate	Item
school that you have <u>completed</u> ?		3 = High school graduate or GED	
		4 = Some college or 2-year degree	
		5 = 4-year college graduate	
		6 = More than 4-year college degree	
		8 = Multiple mark	
		9 = Missing	
) – miloding	

Variable Description	Field Position	Value Labels	CAHPS Composite /Case Mix
61. Are you of Hispanic or Latino origin or descent?	126	1 = Yes, Hispanic or Latino 2 = No, not Hispanic or Latino 8 = Multiple mark	/Cusc mix
62. What is your race? Please mark one or more.	127	9 = Missing 0 = Respondent did not check "White" 1 = Respondent checked "White"	Case Mix Item
	128	 0 = Respondent did not check "Black or African-American" 1 = Respondent checked "Black or African-American" 	Case Mix Item
	129	0 = Respondent did not check "Asian" 1 = Respondent checked "Asian"	Case Mix Item
	130	 0 = Respondent did not check "Native Hawaiian or other Pacific Islander" 1 = Respondent checked "Native Hawaiian or other Pacific Islander" 	Case Mix Item
	131	0 = Respondent did not check "American Indian or Alaska Native" 1 = Respondent checked "American Indian or Alaska Native"	Case Mix Item
	132	0 = Respondent did not check "Other" 1 = Respondent checked "Other"	Case Mix Item
63. What language do you mainly speak at home?	133	1 = English 2 = Spanish 3 = Some other language 8 = Multiple mark 9 = Missing	
64. Did someone help you complete this survey?	134	 1 = Yes 2 = No 7 = Appropriately skipped (this value is valid only for surveys conducted by telephone) 8 = Multiple mark 9 = Missing 	
65. How did that person help you?	135	 0 = Respondent did not check "Read the questions to me" 1 = Respondent checked "Read the questions to me" 7 = Appropriately skipped 	
	136	0 = Respondent did not check "Wrote down the answers I gave" 1 = Respondent checked "Wrote down the answers I gave" 7 = Appropriately skipped	
	137	0 = Respondent did not check "Answered the questions for me"1 = Respondent checked "Answered the questions for me"	

CAHPS® 3.0H Adult Medicaid Member-Level Data File Layout

Variable Description	Field Position	Value Labels	CAHPS Composite /Case Mix
		7 = Appropriately skipped	
	138	 0 = Respondent did not check "Translated the questions into my language" 1 = Respondent checked "Translated the questions into my language" 7 = Appropriately skipped 	
	139	 0 = Respondent did not check "Helped in some other way" 1 = Respondent checked "Helped in some other way" 7 = Appropriately skipped 	